

**NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
HUMAN SUBJECTS REVIEW FORM**

PLEASE TYPE

PRINCIPAL INVESTIGATOR: _____ **PHONE** _____

INSTITUTION / COMMUNITY PROGRAM _____ **E-MAIL** _____

CO- INVESTIGATOR: _____ **PHONE:** _____

INSTITUTION / COMMUNITY PROGRAM _____ **E-MAIL** _____

COORDINATOR _____ **PHONE:** _____

ADDRESS: _____ **E-MAIL:** _____

STUDY TITLE: _____

FUNDING SOURCE(S): _____

LOCATION(S) WHERE STUDY WILL TAKE PLACE: _____

[] NEW PROJECT **PROPOSED PROJECT DATES:** _____

Dartmouth Affiliation? Y or N (if yes, must provide 2 copies of all submission materials) 2 copies provided? Y or N

[] RENEWAL (check as applicable) **DATE STUDY FIRST APPROVED:** _____

[] There are no revisions in the protocol or consent form since last IRB review (revisions have rec'd CPHS approval)

[] There are revisions in the enclosed protocol since last CPHS review (describe in Continuing Review Form: #2)

[] There are revisions in the enclosed consent form since last CPHS review (describe in Continuing Review Form: #2)

[] REVISION (include cover letter describing revision and enclose revised documents)

RESEARCH MAY INVOLVE:

- ☐ Minors
- ☐ Pregnant Women
- ☐ Legally Incapacitated Adults
- ☐ Prisoners

SUBJECT(S) WILL BE:

- A.** ☐ Paid ☐ Unpaid
- B.** ☐ Outpatients ☐ Inpatients ☐ Nonpatients
(refer to recruiting instructions)
- C.** Estimated Age Range of Subjects: _____ To _____
- D.** Estimated Number of Subjects: _____ Female _____ Male

KEY WORDS

Disease: _____

Condition: _____

Drug Names: _____

Drug Class: _____

Interventions/Services: _____

INSTITUTIONS/PROGRAMS INVOLVED

☐ New Hampshire Hospital

☐ Mental Health Center

☐ Area Agency

☐ Substance Use Treatment Service Provider

☐ Other

**PERSONNEL NOTIFIED:
DATE:**

Other: _____

Will there be increased patient costs relative to standard care? ☐ Yes ☐ No

How will subjects be notified? _____

Principal Investigator Signature

Printed name

DATE: _____

I certify that the above named investigator(s) has a) the expertise to conduct this study, and b) that this organization has the resources and infrastructure to devote to this research.

Signature of Department Chairperson or PI's Supervisor

Printed Name

DATE: _____